



Docket No. 301098

System Providing Expanded Expert And Electronic Consultations For Clients

Field Of The Invention

5 The present invention relates to a technique, computer system and method, for providing expanded expert and electronic consultations to clients through a network of specialists researched and accessed over the Internet.

Cross Reference

Cross-reference is made to provisional application U.S. Patent Application No.
10 60/249,812 entitled "Method and System for Providing Expanded Expert and Electronic Consultations for Clients," filed on November 17, 2000, the entire disclosure of which is hereby incorporated by reference.

Background Of The Invention

Health care is a large and growing market segment, with an estimated 84% of
15 the population's medical costs covered by some form of health insurance. Total U.S. health care expenditures are estimated at \$1.2 trillion, which is approximately 14% of the GNP, and private health insurance is \$500 billion or 42% of this amount. Over the past two decades, as the cost of this insurance coverage has surpassed the overall rate of inflation, insurers and employers encouraged the growth of "managed care" to
20 help reduce this accelerating pace. While the early savings were easier to achieve, the more recent savings have come in the form of reductions in benefits, services, access and some have suggested quality.

It is estimated there are more than 231 million people are covered by health insurance in the U.S. With estimates of more than 80 million enrollees in health
25 maintenance organizations ("HMOs"), another 92 million members in preferred

RECEIVED

FEB 07 2002

Technology Center 2100

provider organizations ("PPOs") with approximately half receiving their health insurance through third party administrators ("TPAs"), and approximately 21 million are covered by more traditional indemnity insurance carriers. Clearly, the market for an intermediary to provide services to payors and employers is huge, if the

5 intermediary provides a valuable function.

While HMOs had been experiencing rapid growth over the past decade, this growth has markedly decreased during the past two years. In addition, traditional indemnity payors experienced a decline in both membership and market share as employers sought to control costs with managed care plans. As HMO growth has

10 slowed, the more flexible PPOs, which allow members to visit a much larger network after paying some deductible or co-payment, have been growing more rapidly. Also, the appeal of the Point of Service ("POS") products are that they allow the patient to make an election, at the time of treatment or "point of service," to remain "in plan" or to go "out of plan," and incur some combination of higher co-payments and

15 deductibles.

Industry analysts suggest that growing consumer frustration with the inflexibility of managed care plans have contributed significantly to the movement away from these programs. For example, a 1999 survey by the Employee Benefits Research Institute cited the number one reason members elected to leave managed

20 care plans was their inability to see the physicians of their own choosing. This slowing in HMO growth and erosion of both HMO and indemnity market share, compared to the more flexible PPO and POS products, was significant in the time period of 1993 through 1998. Charts show that PPOs have grown by 148%, while

POSs have grown by 257% in this time period and these trends have continued up until the present. Management believes this movement towards the more flexible POS and PPO products is a symptom of a much deeper problem for the HMOs, and illustrates the reluctance of consumers to have financial considerations dominate their

5 medical care decisions. MedViz.com is designed to be a “win-win” for patients, physicians and payors by making world-class specialists and medical advice available to patients covered by small to mid-sized payors.

Recent experience has shown that business-to-consumer (“B2C”) Internet-related companies have experienced mixed results, whether in health care or other

10 service areas. This is due to their reliance on consumer spending habits, retail revenue streams and banner advertisements. On the other hand, most observers see a strong future for business-to-business (“B2B”) service providers with a sound business model and sustainable revenue stream. Further, it has been estimated that the market for health care B2B sites and telemedicine will grow from between 35% to

15 over 100% during the next five years.

There remain a number of problems associated with delivery of health care under the current system. For instance, it is generally thought that members leave HMOs due to their inability to see desired physicians. When confronted with a startling diagnosis, for example, a pediatric brain tumor, and the like, people want the

20 best treatment options available. In addition, small to medium-sized payors, with 100,000 to 600,000 members, have limited ability to identify, recruit and maintain specialized provider networks. In the past and presently, HMO’s use their local physicians may not typically be the best in their field. What is lacking is a way to get

the most qualified diagnosis to the patient, for a low cost, while providing excellent value to the patient.

What is needed is a system for providing expert and electronic consultations for clients through a network of specialists researched and accessed over the Internet
5 that allows clients the freedom to choose their health-care provider or obtain consultations at a reasonable cost.

Summary of the Invention

It is an aspect of the invention to provide easy access to specialized medical consultation and care.

10 It is another aspect of the invention to improve efficiency and quality in the delivery of health care and in the efficiency of medical insurance companies while providing a superior level of service to their members.

These and other aspects are attained by a computerized method of recruiting and credentialing a network of specialized experts, and storing this information for
15 electronic consultations to clients on a centralized data storage medium. This includes providing a secure and limited access to a client by a networked computer system, displaying selected information to the client, providing means to select a specialized expert in response to an inquiry, search or other request being made by the client, and receiving and processing a request from a client and displaying said
20 information about the selected expert to the client. The method further includes accessing the profile of the selected expert, responding to specific inquiries of the client, wherein the specific inquiries responses are generated about the selected expert(s). Also, the method assists the client in automatically capturing and uploading

Figure 3 is a flow chart diagram depicting the preferred embodiment of the present inventive method for medical efficacy review.

Figure 4A is a flow chart diagram depicting the preferred embodiment of the present inventive method for client referral request process.

5 Figure 4B is a flow chart diagram depicting the preferred embodiment of the present inventive method. for client referral request process.

Figure 4C is a flow chart diagram depicting the preferred embodiment of the present inventive method for client referral request process.

10 Figure 5 is an overview of the flow chart diagram of the preferred embodiment of the present inventive method for the central telemedicine database management system.

Detailed Description of the Invention

While the present invention is described below with reference to healthcare, a practitioner in the art will recognize the principles of the present invention are
15 applicable in other applications.

The Internet is comprised of a large number of computers and computer networks that are interconnected through communication links. These computers exchange information using various services, such as electronic mail, Gopher, and the World Wide Web ("WWW"). The World Wide Web allows a computer system, for
20 example, a Web server or Web site, to send graphical Web pages of information to remote client computer systems. The remote client computer system can access these Web pages through each page's unique Uniform Resource Locator ("URL"). To view a specific Web page, a client computer system specifies the URL for that Web page in

collect and transmit client's member/employee medical information for the specialists. MedViz.com assists the client in automatically capturing and uploading information that will allow a server to encrypt and secure the information for transmission to the designated expert. Additionally, the invention provides access to a
5 central system which facilitates secure access to the network of specialists, on-line referral requests and specialist responses, clients' member/employee medical records and related medical information.

The medical efficacy review flow chart 30 is a 5-step process. The first step
31 is for the patient to request a MedViz.com referral. If the payor is unsure of the
10 efficacy/value in step two 32, then at step three 33 the payor requests a medical efficacy review. Next during step four 34 a panel of experts will review the case and report back, wherein step five 35 allows the client to make a final coverage decision.

In Figures 4A, 4B and 4C, flow chart 40 shows the process and system of the MedViz.com client referral request procedure. The process starts with the first step
15 41 where a patient receives a serious or startling diagnosis for an illness.

MedViz.com retrieves any additional information previously stored for the client to appropriately confirm the identity of the client to the server and insure the security and integrity of the information to be transmitted. In the second step 42, the patient reviews treatment options and protocols with a personal physician and the payor. At
20 the next step three 43 the patient researches available treatment options, treatment centers, and the like, and then decides to seek treatment outside of the payor's network. For payors, the key client representative(s) who interface directly with MedViz.com would be the medical director or the human resources staff. It should be

network of expensive providers to treat rare conditions, especially when the providers may have limited access or availability, or otherwise infrequently used expertise in the local area.

At step seven 47 a selection is made and data assembled for consultation by the designated specialty consultant. At the seventh step 47, a requested turnaround time is specified. The eighth step 48 is where the specialist consultant receives notice the case is pending and consultation is requested. Now, at the ninth step 49 the specialists opens the secure MedViz.com website and reviews the case with the supplied medical records and information.

The server notifies the designated specialist, via E-mail, pager, fax, wireless Internet, palm pilot, and the like, that a consultation is pending and tracks turnaround time until the case is closed or initiates an escalating alert system to insure timely action is taken. The server is highly secure and verifies the identity of the specialty consultant prior to allowing access. At the tenth step 50, and eleventh step 51, the specialist consultant evaluates the case by reviewing the information received, renders a decision and uses the system or the telephone to dictate or type a final report. Upon acceptance of the report by the client, at the twelfth step 52, the specialist receives an electronic remittance.

If the decision at step five 45 is that the payor does question the appropriateness of the treatment then the payor goes on to step thirteen 53. At this step the client physician or human resources staff reviews the affiliated MedViz.com medical efficacy reviewers, and move on to the fourteenth step 54 where they evaluate the most appropriate medical efficacy reviewers. The staff has available the